

Amendments to the Claims

Claim 1 (Currently amended): A first ever computer-assisted method of creating a virtual health care network that spans multiple states and seeks to maximize health care savings while minimizing the inconvenience to participants in changing health care providers, the method comprising:

providing one or more health care networks in each of the states for analysis;

for each of the health care networks, collecting information concerning utilization of the health care providers in the network;

computing a measure of network utilization for each of the networks;

comparing the measures of network utilization for the health care networks in the same state;

of the health care networks in a particular state, projecting future health care savings for one or more of the networks;

selecting one or more of the health care networks per state having the highest projected savings; and

forming a virtual health care network from the selected networks to thereby maximize health care savings while minimizing inconvenience to participants in changing health care providers for participants in the virtual health care network.

**Claim 2 (Original):**

The method of claim 1 wherein the future health care savings are projected based upon historical health care costs for participants, health care network discounts and a portion of the historical health care costs projected to fall to a health care provider in the network.

**Claim 3 (Original):** The method of claim 1 wherein the health care network is a managed care network.

**Claim 4 (Original):** The method of claim 3 wherein the managed care network is a preferred provider organization (PPO).

**Claim 5 (Original):** The method of claim 1 wherein the measure of the network utilization includes the number of participants who utilize a health care provider in the network.

**Claim 6 (Original):** The method of claim 1 wherein the measure of network utilization includes the percentage of participants who utilize health care providers in the network.

**Claim 7 (Original):** The method of claim 1 wherein the measure of network utilization includes a total health care costs in the network.

**Claim 8 (Original):** The method of claim 1 wherein the measure of network utilization includes a percentage of health care costs in the network.

Claim 9 (Currently amended): A new computer-assisted method of designing a virtual PPO network from a plurality of networks that seeks to maximize savings under the plan while ~~minimizing the inconvenience to health care plan participants in changing health care providers,~~ the method comprising:

for each of the group health care networks, collecting information concerning the number of potential plan participants who utilize a health care provider under the networks;

determining utilization for each of the networks based upon the number of potential plan participants who utilize a health care provider under the networks;

comparing the utilizations for the networks;

for each of the networks having the highest utilization, calculating future savings for the network based upon historical health care costs for plan participants, network discounts, and a portion of the historical health care costs projected to fall to a health care provider in the network; and

selecting one or more of the networks having the greatest future savings.

Claim 10 (Original): The method of claim 9 wherein the network is a preferred provider organization (PPO).

Claim 11 (Original): The method of claim 10 wherein the PPO is selected for a particular state.

Claim 12 (Currently amended): A new computer-assisted method of projecting future health care savings from selecting a particular health care network that gives health care plan participants access to a network of health care providers, the new method comprising:

determining total health care costs for participants for a selected time period;  
determining a portion of the total health care costs that would be in the network;  
applying one or more network discounts to the portion of total health care costs in the network;  
calculating an average network discount per participant; and  
projecting future health care savings based upon the average network discount per participant and  
a number of participants in the network.

**Claim 13 (Original):** The method of claim 12 wherein the total health care costs include hospital charges and physician and other charges, and the step of applying one or more network discounts includes applying first a network discount to the hospital charges and applying a second discount to the physician and other charges.

**Claim 14 (Original):** The method of claim 12 wherein the health care network is a managed care network.

**Claim 15 (Original):** The method of claim 14 wherein the managed care network is a preferred provider organization (PPO).

**Claim 16 (Original):** The method of claim 12 wherein the step of determining total health care costs for participants includes reviewing approved charges from a claims payor.

**Claim 17 (Original):** The method of claim 12 wherein the step of determining total health care costs for participants includes reviewing payments from a plan sponsor to one or more medical vendors.

**Claim 18 (Original):** The method of claim 17 wherein the payments from a plan sponsor to one or more medical vendors are adjusted upward to reflect actual amounts incurred for health care services.

**Claim 19 (Original):** The method of claim 17 wherein the payments from a plan sponsor to one or more medical vendors are from an Internal Revenue Service report.